

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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3	/		/			
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12		/		/		
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15		/		/		
16		/		/		
17		6		/		
18		/		/		
19		/		/		
20		/		/		
21		0		/		
22		/		/		
23		/		/		
24		/		/		
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49		/		/		
50		/		/		
TOTAL IND.	↓		4	↓		↓
TOTAL DEP.		↓	12	↓		↓
TOTAL CLAIMS			16			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS